
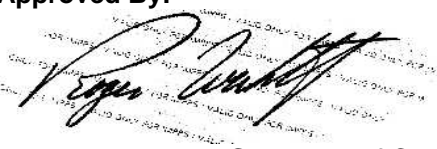



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 10-123	PAGE NUMBER 1 of 5
		SUBJECT: PROGRAMS AND SERVICES: Notification Procedures in the Event of the Death or Hospitalization of an Injured/III Inmate	
Approved By:  Secretary of Corrections		Original Date Issued:	07-23-84
		Current Amendment Effective:	10-21-03
		Replaces Amendment Issued:	09-07-00
Reissued By:  Policy & Procedure Coordinator		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature. Date Reissued:	
		11-09-10	

POLICY

All inmates shall be requested to designate an individual who should be notified in the event of any serious illness, or injury affecting the inmate, which requires hospitalization, or in case of the inmate's death. Information regarding the designated individual shall be maintained in the inmate's unit team file. If an inmate dies or is hospitalized as a result of a serious injury or illness, staff assigned by the warden shall be responsible to immediately notify the designated individual with information regarding the inmate's condition and other data as determined relevant. ACI 4-4395, NCCHC P-A-10

In the event of an inmate's death the notification of appropriate authorities, per IMPP 01-114, shall be required in addition to the notification of the designated individual addressed by this IMPP.

DEFINITIONS

Designated Individual: The person, identified by the inmate, to be notified in the event the inmate requires placement in a hospital for any serious illness (including mental illness), injury, or in the event of the inmate's death.

Hospitalized/hospitalization: Placement of an inmate in a public or private medical care facility outside of the facility, for a period of 24 hours or longer, for a serious or critical condition. "Hospitalized" does NOT refer to the placement of an inmate in an infirmary operated by, or on the grounds of, a State correctional facility or placement of an inmate in programs operated by, or on the grounds of, Larned State Hospital.

Injury: A complicated bone fracture, head injury, severe lacerations, wound, or other physical harm, which requires an inmate to be hospitalized.

Serious illness: A complicated or chronic mental, physical condition, or sickness which requires surgery or that an inmate to be hospitalized.

PROCEDURE

I. Designation of Staff Responsible for Notifications

- A. Wardens shall assign facility staff member(s) to notify the designated individual in the event of an inmate's death or hospitalization due to injury or serious illness.

1. In facilities having a chaplain, the warden shall assign either the chaplain or the respective unit team manager the responsibility to notify the designated individual.
 - a. Whether the chaplain or the appropriate unit team manager is assigned, the other staff member shall assume this responsibility if the assigned staff member is not available.
 2. In facilities not employing a chaplain, the inmate's unit team manager shall have responsibility for notifying the designated individual unless the responsibility is assigned to other staff through a general order.
- B. Designated staff members shall be responsible to contact the unit team to obtain the most current notification information provided by the deceased, seriously ill, or injured inmate.
- C. When the deceased inmate is identified as a foreign national, per IMPP 11-105, the Deputy Secretary of Facility Management or designee shall be notified and shall be responsible to provide notification to the appropriated consulate and other officials, per IMPP 01-114.

II. Identification of Deceased or Hospitalized Inmates

- A. Each facility health authority shall establish procedures by which a designated medical staff member shall immediately inform the designated facility staff member of the following:
1. The name and KDOC number of the inmate within the facility who has died or who has been hospitalized due to serious illness or injury;
 2. The name, address, and telephone number of the hospital, if applicable;
 3. A brief allowable diagnosis of the inmate's illness or injury, as applicable;
 4. The name and telephone number of the attending physician, if other than facility health authority;
 5. The circumstances surrounding the inmate's death, or, the illness or injury necessitating the hospitalization of the inmate; and,
 - a. All information provided to the designated individual regarding the circumstances surrounding an inmate's death or injury shall be approved by the warden or designee.
 6. The most current information on the designated individual reflected in the Emergency Information Form (Attachment A, Form #10-123-001) contained in the unit team file.

III. Procedures for Notification of the Designated Individual (ACI 4-4395, NCCHC P-A-10)

- A. The staff member performing the notification of the designated individual shall gather all pertinent data concerning the reason for the inmate's death or hospitalization.
1. The data gathered shall include, in addition to that required in Section II.A., the following:
 - a. If the notification involves the death of an inmate, information regarding location of, and, the appropriate procedures for claiming the inmate's body, per IMPP 01-114.
 - b. If the inmate is hospitalized outside of the facility, information on the procedures for visitation at the hospital.

- c. The name of the facility employee and the facility telephone number to contact for further assistance.
- B. The staff member, performing the notification service by telephone, shall provide the designated individual all available information, within the limits of the requirements in Section II.A., above.
- C. Technical questions concerning the medical condition of the hospitalized, ill, or injured inmate shall be referred to the attending physician.
- D. If the responsible staff member is unable to contact the designated individual by telephone, the following procedures should be implemented:
 - 1. State or local police in the area of the designated individual's residence shall be contacted for assistance in the notification.
 - 2. If state or local police are unsuccessful in notifying the designated individual, a telegram shall be sent to the last recorded address of the individual informing him/her of the inmate's death or hospitalization.
 - a. The information in Section III.B. shall be provided.
- E. The staff member performing the notification procedure regarding an inmate's hospitalization shall commence contact efforts immediately but not later than six (6) hours from the time the facility is informed that a decision has been made to admit the inmate to the hospital.
 - 1. If the facility health authority reasonably believes the inmate's condition is life threatening, contact efforts shall begin immediately upon the inmate's departure from the facility. Staff shall not await a decision to admit the inmate to the hospital before commencing contact efforts in the event the inmate's condition is believed to be life threatening.
 - 2. If an inmate's hospital admission is pre-planned or non-emergency, contact efforts shall commence upon the inmate's admission to the hospital.

IV. Notification In Instances Where Telephone Contact Was Not Made

- A. Within seventy-two (72) hours of the inmate's death or the inmate's admission to a hospital, a letter shall be written by the warden or designee providing the required notification and any additional details.
 - 1. The letter shall be sent by certified mail, return receipt requested to the most current address of the designated individual.
 - 2. The letter shall contain:
 - a. The name, address, and telephone number of the correctional facility to contact for further verification of the incident; and/or,
 - b. If applicable, the name, address, and telephone number of the off-site hospital within which the inmate has been placed for medical care.

V. Emergency Information and Emergency Notification Forms

- A. An Emergency Information Form (Attachment A, Form #10-123-001) shall be completed by the each inmate upon admission to the custody of the Kansas Department of Corrections.
 - 1. The Emergency Information Form shall be reviewed and updated by the unit team at each 120-day review, or, at any time requested by the inmate and approved by the unit team manager. Any revisions necessary shall be made by the inmate and a new form placed in the unit team file, per IMPP 05-104.
 - a. The new/most current form shall be filed on the top of the previous Emergency Information forms, which shall be retained in the file and marked or stamped "VOID".
 - 2. The Emergency Information Form shall be maintained in the inmate's unit team file and shall be referred to in the event the need arises to notify the individual designated by the inmate, in accordance with this policy.
- B. The Emergency Notification Form (Attachment B, Form #10-123-002) shall be completed by the staff member upon completion of the notification procedure.
 - 1. The notification form shall reflect the manner in which one of the designated individuals was notified.
 - a. The staff member performing the notification procedure shall attempt to notify an individual identified on the Emergency Information Form in the following priority:
 - (1) Person to be notified,
 - (2) First alternate person to be notified, and;
 - (3) Second alternate person to be notified.
 - 2. The original of the completed notification form shall be maintained in the inmate's unit team file.
 - 3. Copies of the completed notification form shall be forwarded to the records office and the facility health authority.
 - a. The records office shall maintain a copy of the completed form in the inmate's master file, per IMPP 05-104.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to either employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 58-3901 et seq., 75-5257
IMPP 01-114, 05-104, 11-105
ACI 4-4395, NCCHC P-A-10

ATTACHMENTS

Attachment A - Emergency Information Form, 2 pages
Attachment B - Emergency Notification Form, 1 page

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EMERGENCY INFORMATION FORM

Date

Inmate Name

KDOC #

Person to notify in case of inmate death or hospitalization due to serious illness/injury

Relationship to Inmate

Address

Phone Number(s) including Area Code

Other Relevant Information:

First alternate person to notify in case of inmate death or hospitalization due to serious illness/injury

Relationship to Inmate

Address

Phone Number(s) including Area Code

Other Relevant Information:

Second alternate person to notify in case of inmate death or hospitalization due to serious illness/injury

Relationship to Inmate

Address

Phone Number(s) including Area Code

Other Relevant Information::

Dates Reviewed:

Inmate's Signature

Date

Staff Witness

Date

This form is to be maintained in the inmate's unit team file. It shall be reviewed every 120 days by the unit team and inmate, and updated with information provided by the inmate, or, replaced as necessary.

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EMERGENCY NOTIFICATION FORM

_____ Inmate Name		_____ KDOC #	_____ Date
_____ Person Notified		_____ Relationship to Inmate	
_____ Address		_____ Phone Number(s) including Area Code	
Notification by: _____ Name		_____ Position (UTM or Chaplain)	
Time of Notification: _____			
Manner of Notification: _____ by telephone _____ through state/local police _____ by telegram _____ by mail			
Briefly describe notification efforts/manner in which notification finally accomplished: _____ _____			
Diagnosis of inmate's condition: _____ _____			
Circumstances surrounding hospitalization/death of inmate: _____ _____			
Name of Hospital: _____ _____ Address _____ Phone Number _____			
Name of Physician: _____ _____ Phone Number _____			
Visitation Procedures: _____ _____			
Telephone Procedures: _____ _____			

Signature of Staff Member

When notification is completed, the original of this form shall be placed in the inmate's unit team file. A copy of the completed form shall be sent to the Records Office for filing.